

Nurse Practitioner

Name

Telephone

Who is your recruiter?

Date

Instructions: This checklist is meant to serve as a general guideline for our client facilities as to the level of your skills within your nursing specialty. Please use the scale below to describe your experience/expertise in each area listed below.

Proficiency :- 1 = Never Performed
Frequency :- 1 = Never

2 = Limited Experience
2 = Sometimes

3 = Comfortable Performing
3 = Often

4 = Proficient
4 = Always

Programs

General :

Proficiency

Frequency

OSHA (Occupational, Safety and Health Administration)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Medicare and Medicaid	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
CLIA waiver (Clinical Laboratory Improvement Amendments)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Joint Commission on Accreditation Healthcare Organizations	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
HEDIS (Health Plan Employer Data and Information set)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
DQIP (Diabetes Quality Improvement Program)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
HIPAA (Health Insurance Portability and Accountability Act)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
DNV- Accreditation	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Other (list) :	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4

Areas worked

General :

Proficiency

Frequency

Emergency	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Urgent care	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Private practice	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
HMO	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
MD Office	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Schools	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Health department	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Ambulatory clinic	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Rural health clinic	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Psychiatric facility	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Mobile medical unit	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Corporate worksite	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Health department	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Occupational health	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4

Drug Therapy

General :	Proficiency				Frequency			
Prescription	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Over the counter (OTC)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Knowledge of pharmacology	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Knowledge of pharmacokinetics	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Knowledge of drug interactions	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Knowledge of side effects	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Herbal drugs	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4

Knowledge of potential adverse reactions :

	Proficiency				Frequency			
Anaphylaxis reaction	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Allergic reactions	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4

Dispensing Medications

General :	Proficiency				Frequency			
Management of controlled substances	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Monitoring drug therapy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4

Dispensing medications

General :	Proficiency				Frequency			
Monitoring drug therapy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Management of controlled substances	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4

Non-Pharmacologic Interventions

General :	Proficiency				Frequency			
Medical nutrition therapy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Cessation of substance abuse (alcohol, tobacco)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Obesity management	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Other (list) :	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Exercise	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Mental health issues (stress management, depression)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4

Miscellaneous

General :	Proficiency				Frequency			
Public health and health promotion	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Research	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Quality assurance	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Leadership and teaching skills	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Legal and ethical issues	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4

Confidentiality	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Cultural awareness	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Working within scope of practice	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Discharge planning / collaboration	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Self-evaluation to improve patient care	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Continuing education	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4

Age Specific:	Proficiency				Frequency			
Infant (Birth to 1 year)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Toddler (1–3 years)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Pre-school (3–6 years)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
School Age (6–12 years)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Adolescent (12–18 years)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Young Adult (18–30 years)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Mature Adult (30–60 years)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4
Elderly (>60 years)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4

Work History

Years Experience in Clinical Specialty:

Most recent facility worked at:

☐ I hereby certify that ALL information I have provided to Clover Health Services, on this skills checklist and all other documentation, is true and accurate.
☐ I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.